

June 19, 2009

Division of Water **KPDES Branch** Attn: Mr. Jory Becker 200 Fair Oaks Lane Frankfort, KY 40601

Subject: AAPER Alcohol and Chemical Company

KPDES Permit Application

Project No.: 309-1231

Dear Mr. Becker,

Please find enclosed the KPDES permit application forms and figures for AAPER Alcohol and Chemical Company (AAPER) located in Shelbyville, Shelby County, Kentucky. AAPER operates under Standard Industrial Code 2869, NAICS Code 325193, - Industrial Organic Chemicals, Not Elsewhere Classified, and are therefore subject to the Code of Federal Regulations Subchapter N (Part 414) requirement.

AAPER has two outfalls which each discharge to an unnamed tributary of Dry Run, which discharge to Clear Creek. The Clear Creek watershed in Shelby County, river segment 0.0 to 11.0, is listed impaired per the Final 2008 Integrated Report to Congress on the Condition of Water Resources in Kentucky, Volume II. 303(d) List of Surface Waters. Since AAPER is located within this watershed as confirmed with the Division of Water, an individual permit application is being submitted.

Enclosed with this new permit application are the following: KPDES Form 1, Form F, a topographic map, a site plan showing outfall locations, and the storm water analytical results. The application filing fee in the amount of \$200 for a non-process industry is also included with this submittal.

Should there be any questions, please do not hesitate to contact Nicole Galavotti at Shield Environmental Associates, Inc. at (859) 294-5155. Thank you.

Sincerely,

SHIELD ENVIRONMENTAL ASSOCIATES, INC.

Nicole Galavotti, P.E.

Principal/Sr. Environmental Engineer

Micol Malarotti.

Amanda L. Burden, E.I.I

amanda L. Buden

Project Engineer

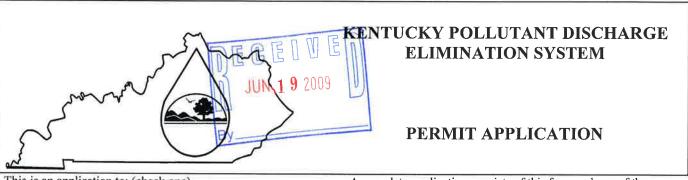
cc: Paul DiMarco – AAPER Alcohol and Chemical Company April Rice - AAPER Alcohol and Chemical Company Bobbi Franke - AAPER Alcohol and Chemical Company Pat Stallard - Stites and Harbison

RECEIVED

JUN 19 2009

DIVISION OF WATER

A2453559



	N DV	PER	MIT API	PLICA	TION		
2							
This is an application to: (check	one)	A complete applic	cation consists	of this fo	orm and one	e of the	
Apply for a new permit.		following:					
Apply for reissuance of ex		Form A, Form B,	Form C, Form	F, or Fo	rm SC		
Apply for a construction p Modify an existing permit		For additional in	£		-11	_	-
Give reason for modificat	ion under Item II.A	For additional in KPDES Branch (CK	2	00
	ND CONTACT INFORMATION	AGENCY USE	0/	0-	19	8	/
	ity, Company, Etc. Requesting Pern						
B. Facility Name and Location		C. Primary Mai	ling Address (nt to
Facility Location Name:		Facility Contact Na	me and Title: M	. Ms.	⊠	ent) ii b.	
AAPER Alcohol and Chemical Compan		April Rice					
Facility Location Address (i.e. street, roa	ad, etc., not P.O. Box):	Mailing Address:					
1101 Isaac Shelby Drive		1101 Isaac Shelby I					
Facility Location City, State, Zip Code:		Mailing City, State,	Zip Code:				
Shelbyville, KY 40065		Shelbyville, KY 40					
D. Owner's name (if not the same as in GreenField Ethanol Inc.	part A and C):	Facility Contact Tel	ephone Number:				
00		502-232-7600					
Owner's Mailing Address: 20 Toronto S Toronto, Ont	Street, Suite 1400 ario, Canada M5C 2B8	Owner's Telephone 1-888-640-9323	Number (if differ	ent):			
II. FACILITY DESCRIPTION	J.						
	of activities, products, etc: Repacka	ges pure and denati	ured ethanol r	nethanol	xylene and	lisopropy	vI
alcohol, etc. from bulk quan	tities to smaller containers.	Peo have and comm	arou outumoi, i		ny tono una	. noprop;	"
B. Standard Industrial Classifica	tion (SIC) Code and Description						_
Principal SIC Code &							
Description:	2869						
Other SIC Codes:							
III. FACILITY LOCATION							
A. Attach a U.S. Geological Surv	vey 7 ½ minute quadrangle map for	the site. (See instru	ctions)				
B. County where facility is locate Shelby		City where facility Shelbyville	is located (if	applicable	e):		
C. Body of water receiving disch Unnamed tributary to Dry Run	arge:						
D. Facility Site Latitude (degrees 38d 12' 13"		Facility Site Longi 85d 16' 26"	tude (degrees,	minutes,	seconds):		
E. Method used to obtain latitude		Interpolation - map)				
F. Facility Dun and Bradstreet N		098-101-173					

IV. OWNER/OPERATOR INFORMA	TION		
A. Type of Ownership: ☐ Publicly Owned ☐ Privately Owned	ned State Owned	Both Public and Prive	ate Owned Federally owned
B. Operator Contact Information (See ins	tructions)	I m 1 1 M	
N/A		Telephone Number:	
Operator Mailing Address (Street):			
Operator Mailing Address (City, State, Zip Code):			
Is the operator also the owner? Yes No		Is the operator certified? If Yes No	f yes, list certification class and number below,
Certification Class:		Certification Number:	
V. EXISTING ENVIRONMENTAL PE	RMITS		
Current NPDES Number:	Issue Date of Current Perr	mit:	Expiration Date of Current Permit:
Number of Times Permit Reissued:	Date of Original Permit Is.	suance:	Sludge Disposal Permit Number:
Kentucky DOW Operational Permit #:	Kentucky DSMRE Permit	Number(s):	
Which of the following additional environ	mental permit/registratio	n categories will also a	pply to this facility?
CATEGORY	EXISTING PER	MIT WITH NO.	PERMIT NEEDED WITH PLANNED APPLICATION DATE
Air Emission Source			
Solid or Special Waste			
Hazardous Waste - Registration or Permit			
VI. DISCHARGE MONITORING REI	PORTS (DMRs)		
KPDES permit holders are required to supermit). Information in this section serves mailing address (if different from the prime	to specifically identify	the name and telephone	egular schedule (as defined by the KPDES e number of the DMR official and the DMR
 A. DMR Official (i.e., the department designated as responsible for submitti Division of Water): 		AAPER Alcohol and Attn: April Rice	Chemical Company,
DMR Official Telephone Number:		502-232-7600	
B. DMR Mailing Address:			
 Address the Division of Water wi 			iling address in Section I.C), or for you; e.g., contract laboratory address.
DMR Mailing Name:	AAPER Alcohol and Cl	hemical Company, Attr	n: April Rice
DMR Mailing Address:	1101 Isaac Shelby Drive	e	
DMR Mailing City, State, Zip Code:	Shelbyville, KY 40065		

-		
VII. APPLICATION FILING FEE		

KPDES regulations require that a permit applicant pay an application filing fee equal to twenty percent of the permit base fee. Please examine the base and filing fees listed below and in the Form 1 instructions and enclose a check payable to "Kentucky State Treasurer" for the appropriate amount (for permit renewals, please include the KPDES permit number on the check to ensure proper crediting). Descriptions of the base fee amounts are given in the "General Instructions."

Facility Fee Category:	Filing Fee Enclosed:
Non-Process Industry	\$200

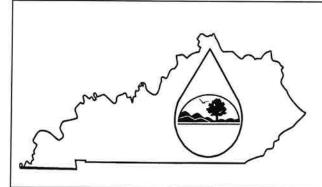
VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print):	TELEPHONE NUMBER (area code and number):
Mr. Ms. Paul DiMarco - President	800-243-5360 X 134
Faul SM-	DATE:
June 17	6/18/09

Return completed application form and attachments to: KPDES Branch, Division of Water, Frankfort Office Park, 14 Reilly Road, Frankfort, KY 40601. Direct questions to: KPDES Branch at (502) 564-3410.

KPDES FORM F



KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

PERMIT APPLICATION

A complete application consists of this form and Form 1. For additional information, Contact KPDES Branch, (502) 564-3410.

I. OUTFALL LOCATION					ICY USE	0	1	0	フ	9	8	j
For each outfall list the latitu	de and longi	tude of its I	ocation to th	e nearest l	5 seconds a	nd nam	e the r	eceivin	g wate	r.		
A. Outfall Number		B. Latitu	de		C. Longita	ıde			D. Recei	ving Wa	ter (name	e)
001	38	12	13	85	16	35				ibutary		
002	38	12	14	85	16	29				ibutary		
II. IMPROVEMENTS										127		

A. Are you now required by any federal, state, or local authority to meet any implementation schedule for the construction, upgrading or operation of wastewater treatment equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders, and grant or loan conditions.

I. Identification of Conditions, Agreements, Etc.	No.	Affected Outfalls	3. Brief Description		mpliance Date
Agreements, Eac.	No.	Source of Discharge	of Project	a. req.	b. pro
					-
					1
	1				+
	-				

B. You may attach additional sheets describing any additional water pollution (or other environmental projects which may affect your discharges) you now have under way or which you plan. Indicate whether each program is now under way or planned, and indicate your actual or planned schedules for construction.

III. SITE DRAINAGE MAP

Attach a site map showing topography (or indicating the outline of drainage areas served by the outfall(s) covered in the application if a topographic map is unavailable) depicting the facility including: each of its intake and discharge structures; the drainage area of each storm water outfall; paved areas and buildings within the drainage area of each storm water outfall, each know past or present areas used for outdoor storage or disposal of significant materials, each existing structural control measure to reduce pollutants in storm water runoff, materials loading and access areas, areas where pesticides, herbicides, soil conditioners and fertilizers are applied; each of its hazardous waste treatment, storage of disposal units (including each area not required to have a RCRA permit which is used for accumulating hazardous waste under 40 CFR 262.34); each well where fluids from the facility are injected underground; springs, and other surface water bodies which receive storm water discharges from the facility.

IV. NARRA	TIVE DESCRIPTION OF POLLUT	ANT SOURCES			
A. For ea	ch outfall, provide an estimate	of the area (include units	s) of impervi	ous surfaces (including pave	ed areas and building roofs)
Outfall	he outfall, and an estimate of the Area of Impervious	ne total surface area drain Total Area Drained			T D
Number	Surface (provide units)	(provide units)	Outfall Number	Area of Impervious Surface (provide units)	Total Area Drained (provide units)
001	24,853 square feet	107,701 square feet	002	18,781 square feet	33,621 square feet
		1			
dispose manage areas; a Currently A abovegroun	e a narrative description of signed in a manner to allow exposement practices employed to number the location, manner, and fractional the location, manner, and fractional the storage tanks and piping control to the location that the location is a second to the location of the location that the location is a second to the location that the location is a second to the location to the location that the location is a second to the location to the	ture to storm water; met ninimize contact by these equency in which pestici aterials exposed to sto- aining methanol, ethanol	hod of treat e materials des, herbicion rm water, a , and isopro	ment, storage, or disposal; with storm water runoff; ma des, soil conditioners, and fer an open top cardboard du pyl alcohol.	past and present materials aterials loading and access rtilizers are applied. mpster, used pallets, and
pollutar mainter	th outfall, provide the location ats in storm water runoff; and nance for control and treatment	a description of the treat	ment the sto	rm water receives, including	g the schedule and type of the than by discharge.
Outfall Number		Treati	ment		List Codes from Table F-1
A. I certify	RM WATER DISCHARGES under penalty of law that the o	outfall(s) covered by this	application	have been tested or evaluate	ed for the presence of non-
or Form SC	discharges, and that all non-sto application for the outfall.	orm water discharges from	n these outf	all(s) are identified in either	an accompanying Form C
	ial Title (type or print)	Signature	ж		Date Signed
	o - President	Signature	Din	/	6/18/09
	a description of the method use				
N/A					
in a state of the					
Provide exist	ANT LEAKS OR SPILLS ing information regarding the leading the approximate date	nistory of significant leak and location of the spill o	s or spills of or leak, and t	f toxic or hazardous pollutan the type and amount of mater	ts at the facility in the last rial released.

VII. DISCHARGE INFORMATION	v .			
A,B,C, & D: See instructions b	pefore proceeding. Complete one se	et of tables for each out	fall. Annot	ate the outfall number in the space
	F-3 are included on separate pages			
E: Potential discharges not	covered by analysis - is any toxi an intermediate or final product or	c pollutant listed in Ta	able F-2, F-	3, or F-4, a substance which you
Yes (list all such pollutar	an intermediate or final product of	go to Section IX)		
Oil and Grease - attached analytical		80.10.0011011111		
Zinc - see attached analytical Toluene - see attached analytical				
Xylene – see attached analytical				
VIII. BIOLOGICAL TOXICITY TE				
Do you have any knowledge or	reason to believe that any biolog	ical test for acute or cl	ronic toxici	ty has been made on any of your
discharges or on a receiving wat	ter in relation to your discharge wit	thin the last 3 years?		
Yes (list all such results be	low) 🛛 No	(go to Section IX)		
		C		
Market des and substitution of the State				
IX. CONTRACT ANALYSIS INFOR				
were any of the analyses reporte	ed in item VII performed by a cont	ract laboratory or cons	ulting firm?	
Yes (list the name, address an	nd telephone number of, and pollutants anal	vzed by each such laboratory	or firm below	use additional sheets if necessary)
_	, , , , , , , , , , , , , , , , , , , ,	, — : - : - : - : : : : : : : : : : : : :	, 0, 11111 001011	, ase additional shoots it nocessary).
☐ No (go to Section IX)				
A. Name	B. Address	C. Area Code & Ph	one No.	D. Pollutants Analyzed
Fouser Environmental Services	165 Camden Avenue Versailles, KY 40383	859-873-6211		Oil and Grease, Biological Oxygen Demand (BOD5), Chemical Oxygen
	, , , , , , , , , , , , , , , , , , , ,			Demand (COD), Total Suspended
				Solids (TSS), Total Kjeldahl Nitrogen,
				Nitrate plus Nitrite Nitrogen, Total Phosphorus, and Zinc
Environmental Science Corp.	12065 I abazza Band	000 545 5050		
Environmental Science Corp.	12065 Lebanon Road Nashville, TN 37122	800-767-5859		Toluene and Total Xylenes
W. GDDMYDYG I MYGY				
X. CERTIFICATION	- 41.1. J			
with a system designed to assure	at this document and all attachment that qualified personnel properly g	its were prepared unde	er my direct	ion or supervision in accordance
of the person or persons who ma	anage the system or those persons	directly responsible for	iniormation	the information the information
submitted is, to the best of my k	nowledge and belief, true, accurat	e, and complete. I am	aware that t	here are significant penalties for
submitting false information incli	uding the possibility of fine and im	prisonment for knowing	ng violations	S.
NAME & OFFICIAL TITLE (type or print)			DDE AND PHONE NO.
Mr. Ms. Paul DiMarco	Descident		000 040 5	
SIGNATURE	- President		800-243-53	
	. /		DATE SIG	GNED
PaulDi	n/			
1000 DI	19		6/18/09	

VII. DISCHARGE INFORMATION

OUTFALL NO: 001

Part A - You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details,

	Maximum Values (include units)			ge Values de units)		
Pollutant and CAS Number (if available)	Grab Sample Taken During 1 st 20 Minutes	Flow-weighted Composite	Grab Sample Taken During 1 st 20 Minutes	Flow-weighted Composite	Number of Storm Events Sampled	Sources of Pollutants
Oil and Grease	<2.00 mg/L	N/A			1	
Biological Oxygen Demand BOD ₅	4 mg/L					
Chemical Oxygen Demand (COD)	<10 mg/L				1	
Total Suspended Solids (TSS)	12 mg/L					
Total Kjeldahl Nitrogen	43.1 mg/L				1	
Nitrate plus Nitrite Nitrogen	<0.75 mg/L				1	
Total Phosphorus	0.11 mg/L				1	
рН	Minimum 6,82 S.U.	Maximum	Minimum	Maximum	1	

Part B - List each pollutant that is limited in an effluent guideline which the facility is subject to or any pollutant listed in the facility's KPDES permit for its process wastewater (if the facility is operating under an existing KPDES permit). Complete one table for each outfall. See the instructions for additional details and requirements.

	Maximum Values (include units)		l (includ	e Values e units)		
Pollutant and Grab CAS Number Taken 1 (if available) 20 M	Grab Sample Taken During 1 st 20 Minutes	Flow-weighted Composite	Grab Sample Taken During 1 st 20 Minutes	Flow-weighted Composite	Number of Storm Events Sampled	Sources of Pollutants
					-	
				Y 		

Pollutant and CAS Number (if available)	Maximum Values (include units)		(includ	e Values e units)		
	Grab Sample Taken During 1 st 20 Minutes	Flow-weighted Composite	Grab Sample Taken During 1st 20 Minutes	Flow-weighted Composite	Number of Storm Events Sampled	Sources of Pollutants
Toluene	<0.0050 mg/L				I	
Xylene	<0,0030 mg/L				1	
				-		
art D - Provide data f	or the storm event(s) which	h resulted in the maxin	num values for the flow-we	eighted composite samp	ole.	
Date of Storm Event	2. Duration of Storm Event (in minutes)	3. Total rainfall during storm event (in inches)	4. Number of hours between beginning of storm measured and end of previous measurable rain event	5. Maximum flow rate during rain event (gal/min or specify units)	6, Total flow from rain event (gallons or specify units)	
Provide a descriptio	n of the method of flow m	easurement or estimate	D			

VII. DISCHARGE INFORMATION

OUTFALL NO: 002

Part A - You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

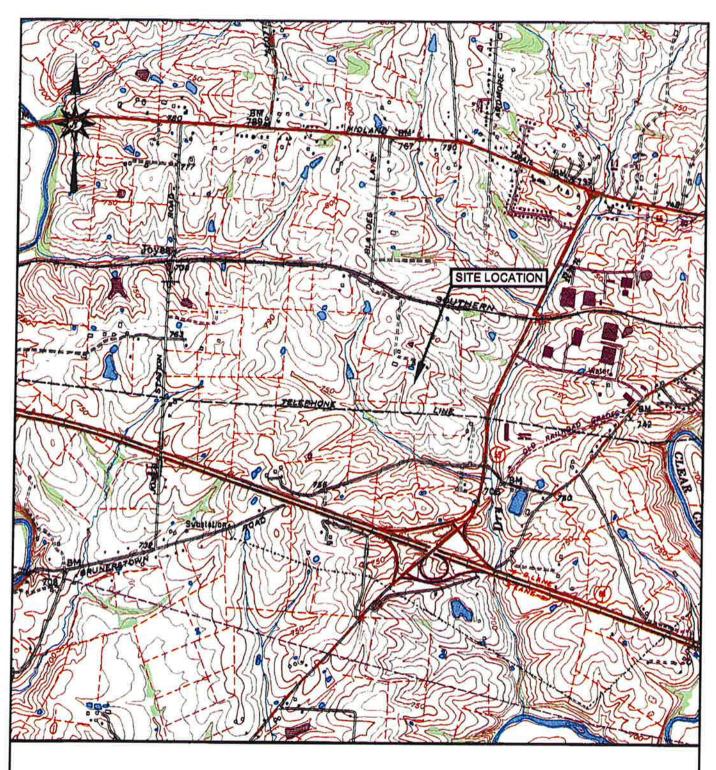
	1	um Values de units)		e Values le units)		
Pollutant and CAS Number (if available)	Grab Sample Taken During 1st 20 Minutes	Flow-weighted Composite	Grab Sample Taken During 1 st 20 Minutes	Flow-weighted Composite	Number of Storm Events Sampled	Sources of Pollutants
Oil and Grease	<2.00 mg/L	N/A			1	
Biological Oxygen Demand BOD ₅	<3 mg/L				1	
Chemical Oxygen Demand (COD)	<10 mg/L					
Total Suspended Solids (TSS)	22 mg/L				1	
Total Kjeldahl Nitrogen	8.05 mg/L				1	
Nitrate plus Nitrite Nitrogen	<0.75 mg/L				1	
Total Phosphorus	<0.66 mg/L				1	
рН	Minimum 7,88 SU	Maximum	Minimum	Maximum	1	

Part B - List each pollutant that is limited in an effluent guideline which the facility is subject to or any pollutant listed in the facility's KPDES permit for its process wastewater (if the facility is operating under an existing KPDES permit). Complete one table for each outfall. See the instructions for additional details and requirements.

	Maximur (include	n Values e units)	Average (include	e Values e units)		
Pollutant and CAS Number (if available)	Grab Sample Taken During 1 st 20 Minutes	Flow-weighted Composite	Grab Sample Taken During 1 st 20 Minutes	Flow-weighted Composite	Number of Storm Events Sampled	Sources of Pollutants
				<u> </u>		

		ım Values le units)	Average (include	Values units)		
Pollutant and CAS Number (if available)	Grab Sample Taken During 1 st 20 Minutes	Flow-weighted Composite	Grab Sample Taken During 1st 20 Minutes	Flow-weighted Composite	Number of Storm Events Sampled	Sources of Pollutants
`oluene	<0.0050 mg/L				1	
(ylene	<0.0030 mg/L				1	
Linc	0.056 mg/L				1	
2						
rt D - Provide data fo	or the storm event(s) which	th resulted in the maxim	ium values for the flow-we	ighted composite same	ile.	
I Date of Storm Event	2. Duration of Storm Event (in minutes)	3. Total rainfall during storm event (in inches)	4. Number of hours between beginning of storm measured and end of previous measurable rain event	5. Maximum flow rate during rain event (gal/min or specify units)	Total flo	6. w from rain (gallons or fy units)
Provide a description	n of the method of flow m	neasurement or estimate				

7



SOURCE: USGS 7.5' TOPOGRAPHIC QUADRANGLE MAP SIMPSONVILLE, KY 1960, PHOTOREVISED 1978



APRIL 2009

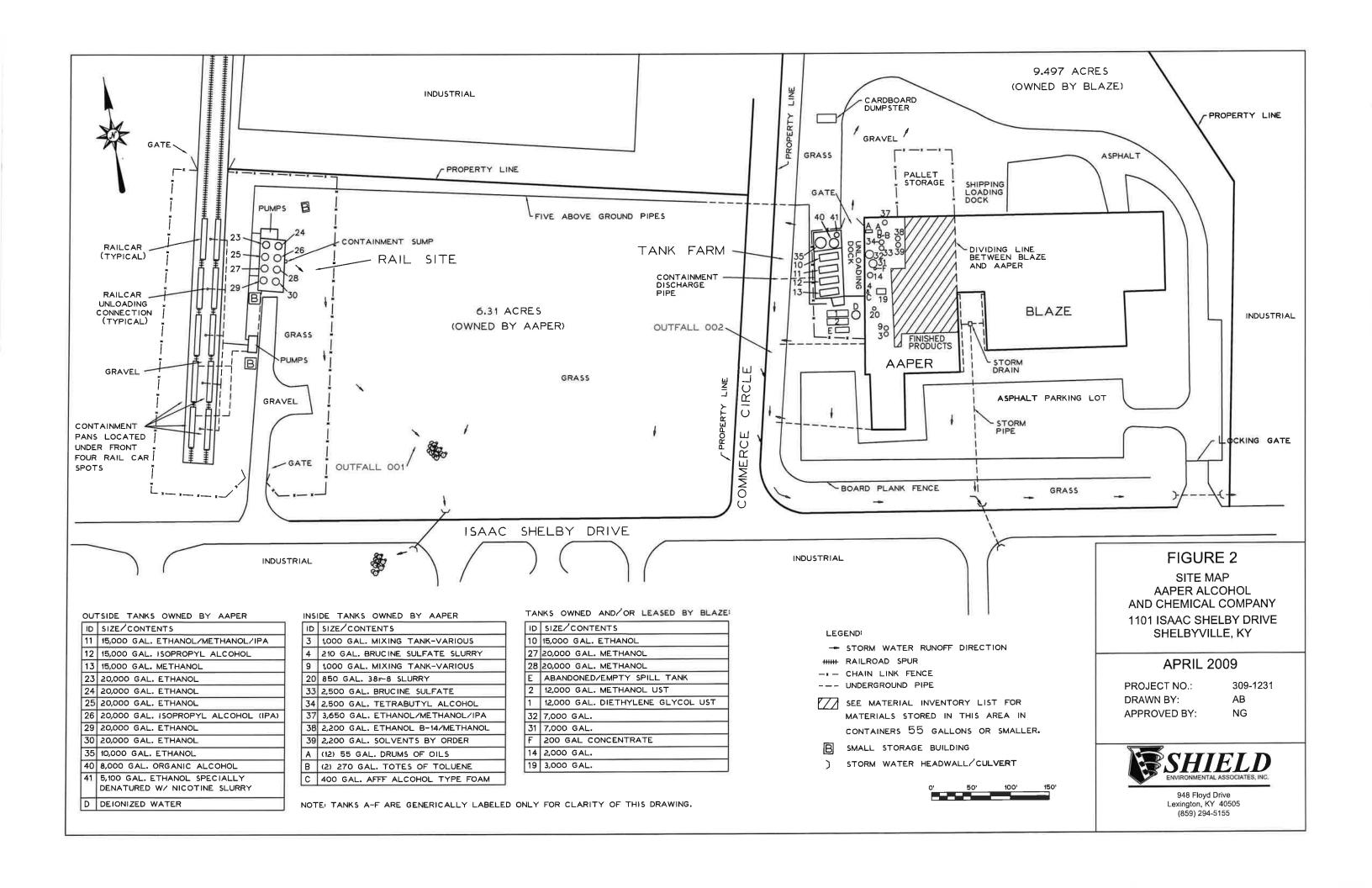
PROJECT NO: 309-1231 DRAWN BY: ALB APPROVED BY: NRG

FIGURE 1

TOPOGRAPHIC MAP AAPER ALCOHOL AND CHEMICAL COMPANY 1101 ISAAC SHELBY DRIVE SHELBYVILLE, KY



948 Floyd Drive Lexington, KY 40505 (859) 294-5155



FES FOUSER ENVIRONMENTAL SERVICES

165 Camden Avenue, Versailles, Ky. 40383 Phone: 859-873-6211 Fax: 859-873-3715 e-mail: lab@fouser.com

LABORATORY/CONSULTING

Certificate of Analysis

Shield Environmental Wastewater Division

Mrs. Debbie Howard

948 Floyd Drive

Lexington, KY 40505

Sample Number: 902411-01

Sample ID: Rail Site

Description: 5/28/09 12:00

Project: AAPER

Entered By: Lynn Ellis

Date Reported: 6/9/2009

Date Received: 5/28/2009

Date Complete: 6/9/2009

Date Sampled: 5/28/2009

Sampler: Client

Preservation: Cool 4°C, H2SO4, pH < 2

Test	Method	Result	Units	Date	Analyst
Stormwater					
BOD, 5 Day	SM 5210 B	4	mg/L	6/3/2009	KM
COD	EPA 410.4	<10	mg/L	6/1/2009	KM
Phosphorus, Total	SM 4500-P E	0.11	mg/L	6/9/2009	KM
Total Suspended Solids	SM 2540 D	12	mg/L	5/29/2009	KM
Oil & Grease, T	EPA 1664A	< 2.00	mg/L	6/1/2009	CT
Nitrate-N	EPA 300.0	< 0.50	mg/L	5/29/2009	EW
Nitrite-N	EPA 300.0	< 0.25	mg/L	5/29/2009	EW
TKN	SM 4500-NH3 C	43.1	mg/L	6/5/2009	KM

Approved By:	
	Cody Brenneman

FES FOUSER ENVIRONMENTAL SERVICES

165 Camden Avenue, Versailles, Ky. 40383 Phone: 859-873-6211 Fax: 859-873-3715 e-mail: lab@fouser.com

LABORATORY/CONSULTING

Certificate of Analysis

Shield Environmental Wastewater Division Mrs. Debbie Howard

Mrs. Debbie Howard 948 Floyd Drive Lexington, KY 40505 Project: AAPER

Entered By: Lynn Ellis

Date Reported: 6/8/2009 Date Received: 5/28/2009

Date Complete:

Sample No.	Sample ID	Method	Result	Units	Date	Analyst
BOD, 5 Day						
902412-01	Tank Farm	SM 5210 B	<3	mg/L	6/3/2009	KM
COD						
902412-01	Tank Farm	EPA 410.4	<10	mg/L	6/1/2009	KM
Phosphorus, To	tal					
902412-01	Tank Farm	SM 4500-P E	<0.66	mg/L	6/5/2009	KM
Total Suspended	l Solids					
902412-01	Tank Farm	SM 2540 D	22	mg/L	5/29/2009	KM
Oil & Grease, T						
902412-01	Tank Farm	EPA 1664A	<2.00	mg/L	6/1/2009	CT
Nitrate-N						
902412-01	Tank Farm	EPA 300.0	<0.50	mg/L	5/29/2009	EW
Nitrite-N						
902412-01	Tank Farm	EPA 300.0	<0.25	mg/L	5/29/2009	EW
TKN						
902412-01	Tank Farm	SM 4500-NH3 C	8.05	mg/L	6/5/2009	KM



12065 Lebanon Rd, Mt. Juliet, TN 37122 (615) 758-5858 1-800-767-5859 Fax (615) 758-5859

Tax I.D. 62-0814289

ESC Representative

Est. 1970

Debbie Howard Shield Env. - Lexington, KY 948 Floyd Drive

Lexington, KY 40505

Report Summary

Monday June 01, 2009

Report Number: L405050 Samples Received: 05/30/09 Client Project: 309-1231

Description: AAPER - Stormwater

The analytical results in this report are based upon information supplied by you, the client, and are for your exclusive use. If you have any questions regarding this data package, please do not resitate to gall.

Entire Report Reviewed By:

Laboratory Certification Numbers

A2LA - 1461-01, AIHA - 100789, AL - 40660, CA - I-2327, CT - PH-0197, FL - E87487 GA - 923, IN - C-TN-01, KY - 90010, KYUST - 0016, NC - ENV375, DW21704, ND - R-140 NJ - TN002, NJ NELAP - TN002, SC - 84004, TN - 2006, VA - 00109, WV - 233 AZ - 0612, MN - 047-999-395, NY - 11742, WI - 998093910

Accreditation is only applicable to the test methods specified on each scope of accreditation held by ESC Lab Sciences.

This report may not be reproduced, except in full, without written approval from Environmental Science Corp.

Where applicable, sampling conducted by ESC is performed per guidance provided
in laboratory standard operating procedures: 060302, 060303, and 060304.

2 Samples Reported: 06/01/09 14:28 Printed: 06/01/09 16:17 Page 1 of 3



12065 Lebanon Rd. Mt. Juliet, TN 37122 (615) 758-5858 1-800-767-5859 Fax (615) 758-5859

Tax I.D. 62-0814289

Est. 1970

REPORT OF ANALYSIS

Debbie Howard Shield Env. - Lexington, KY 948 Floyd Drive Lexington, KY 40505

June 01, 2009

Date Received : May 30, 2009 Description : AAPER - Stormwater

30, 2009

ESC Sample # : L405050-01

Site ID :

Sample ID

: RAIL SITE 001

Project # : 309-1231

Collected By : Amanda Burden Collection Date : 05/28/09 12:00

Parameter	Result	Det. Limit	Units	Method	Date	Dil.
Toluene	BDL	0.0050	mg/l	8260B	05/31/09	1
Total Xylenes	BDL	0.0030	mg/1.	8260B	05/31/09	1
Surrogate Recovery					37 1 25 1	
Toluene-d8	98.7		% Rec.	8260B	05/31/09	1
Dibromofluoromethane	97.7		% Rec.	8260B	05/31/09	1
a,a,a-Trifluorotoluene	103.		% Rec.	8260B	05/31/09	1
4-Bromofluorobenzene	100.		% Rec.	8260B	05/31/09	1

BDL - Below Detection Limit Det. Limit - Practical Quantitation Limit(PQL)

Note:
The reported analytical results relate only to the sample submitted.
This report shall not be reproduced, except in full, without the written approval from ESC.

Reported: 06/01/09 14:28 Printed: 06/01/09 16:17



12065 Lebanon Rd. Mt. Juliet, TN 37122 (615) 758-5858 1-800-767-5859 Fax (615) 758-5859

Tax I,D. 62-0814289

Est. 1970

REPORT OF ANALYSIS

Debbie Howard Shield Env. - Lexington, KY 948 Floyd Drive Lexington, KY 40505

June 01, 2009

Date Received : May 30, 2009 Description : AAPER - Stormwater

ESC Sample # : L405050-02

Site ID :

Sample ID

: TANK FARM 002

Project # : 309-1231

Collected By : Amanda Burden Collection Date : 05/28/09 11:50

Parameter	Result	Det. Limit	Units	Method	Date	Dil.
Toluene	BDL	0.0050	mg/1	8260B	05/31/09	1
Total Xylenes	BDL	0.0030	mg/l	8260B	05/31/09	ı
Surrogate Recovery Toluene-d8	98.3		% Rec.	8260B	05/31/09	-
Dibromofluoromethane	99.5		* Rec.	8260B	05/31/09	1
a,a,a-Trifluorotoluene	102.		* Rec.	8260B	05/31/09	ī
4-Bromofluorobenzene	97.8		% Rec.	8260B	05/31/09	1

BDL - Below Detection Limit Det. Limit - Practical Quantitation Limit(PQL)

Note:
The reported analytical results relate only to the sample submitted.
This report shall not be reproduced, except in full, without the written approval from ESC.

Reported: 06/01/09 14:28 Printed: 06/01/09 16:17

Summary of Remarks For Samples Printed 06/01/09 at 16:17:30

TSR Signing Reports: 134 R5 - Desired TAT

No "E's" Send 2ltrs for PAH. ln 12/13/01

Sample: L405050-01 Account: SHIELDKY Received: 05/30/09 09:00 Due Date: 06/04/09 00:00 RPT Date: 06/01/09 14:28 V8260BTEX targets=Toluene, Xylenes
Sample: L405050-02 Account: SHIELDKY Received: 05/30/09 09:00 Due Date: 06/04/09 00:00 RPT Date: 06/01/09 14:28 V8260BTEX targets=Toluene, Xylenes

Chain of Custody Record

948 Floyd Drive Lexington, KY 40509 Phone: (859) 294-5155 • Fax: (859) 294-5255

SHIBLD ENTONMENTAL AND GLATTE, INC. E-Mail Address DEPRIZ HOUND ES MELAMIN ON FOSCH WINSON LITTER GLASS JASIL WITH しちるとうとしているところ AASTK 336 - 237 AL HEMARKS PRASTIL JUG ANALYSIS X X Report To DEPOBIE 140319120 !!O 大公路 三路之人 Time Composite SAMPLE LOCATION TRNILFAUM Project No.: 369-123 Project Name AAREC Amanda Burden Samplers: Print Name SAMPLE ID

Beceived by: (Signatural) Date Time Received for Laboratory by:	Religquished by (Signature) Pilor(In.)	Received by Signeture	5280	5230 M. 20
Dete Time Received for Laboratory by:	Reinquished by (Figure 1)	Received by: (Signatury) May Journal	Pare 28-09	64 21 60 825
	Onte		Date	Time
Method of Shipment and Tracking No.	Method of Shipment and Tracking No.		Oate	Тіте

COMMENTS



3491

Chain of Custody Record

948 Floyd Drive Lexington, KY 40509 Phone: (859) 294-5155 • Fax: (859) 294-5255

E-Mail Address debbie_howard@shiplam	ANALYSIS			REMARKS				Date First 11 CO	Thus Pluching It & B	וווון לאמאוכ נפוומיונע		
		15.7 Sept. 15.7			 	X	×	× ×	×			
Report to De bbic Howard	anguard of Burley	Sample Type	Compo		X 5/28 12:00 X	ard						
Project Name AMPER	Amenda Burden	Project No.: 309 - 1231	ATION	Configuration of the configura	Rail Site	,						COMMENTS: PH : (0.82

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Date Time Received for Leboratory by: Date Date Date Date	Date			
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	22% 09 Time	Soc.		Wind 19

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	פ	(circle one)							Page of
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Lexington, KY 40505	505	Regular - SHIELDKY	HELDKY	? C.	9.0	j.	12.5	* ENVIR	ENVIRONMENTAL
)) light		8.7	0	15231		SCIENC	SCIENCE CORP.
		clebbie	floward for	2 1 A				12065 Leb	12065 Lebanon Road
		Gebie-	Email to: Colour d. Oshieldmw.com		5			Mt. Juliet, TN 37122	N 37122
Project PAPER - Stor	Storm wety?	City/Sate Collected	City/Sate She 1 by Uille	1	פענ			Phone (6	Phone (615) 758-5858
	Client Project #:	ESC Key:			11		102.4	Phone (80	Phone (800) 767-5859
	309-1331			Λ	<i>'</i>			FAX (6	FAX (615) 758-5859
Builer	Site/Facility ID#:	P.O.#	1561-108		<i>(</i> , , , , , , , , , , , , , , , , , , ,			to the state of th	
	Rush? (Lab MUST Be		Date Results Needed:	-	7			CoCode	(lab use only)
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Die ID	Comp/Grab Matrix*	Depth	Date Time	Cntrs	7			Remarks/Contaminant	Sample # (lab only)
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*									
				*04.					
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*Matrix: SS - Soil/Solid GW - Ground	GW - Groundwater WW - WasteWater		DW - Drinking Water OT - Other	ler			Hd	Тетр	dı
Remarks: /- 5W	いいこからいるま	\$					Flow	Other	er
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Relinquished by: (Signature)	Date: Tin	Time: Rece	Received for lab by: (Signature)	nature)	Dafe	ıte;	Time:	pH Checked:	NCF.